

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013657

1. Entity Name  
ANAJOR, L.C.

Principal Place of Business  
426 ALHAMBRA CIR  
CORAL GABLES FL 33134

Mailing Address  
426 ALHAMBRA CIR  
CORAL GABLES FL 33134

FILED

2001 JUN -7 AM 10:38

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAITTE R. NETSCH, P.A.  
782 NW LEJEUNE RD  
SUITE 330  
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HERNANDEZ, ANA MARIA DE ARMAS  
426 ALHAMBRA CIR  
CORAL GABLES FL 33134

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004367722--6  
-06/06/01--01068--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HERNANDEZ, JORGE ALBERTO  
426 ALHAMBRA CIR  
CORAL GABLES FL 33134

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004367722--6  
-06/06/01--01068--010  
\*\*\*\*\*5.00 \*\*\*\*\*5.00

Change Addition

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CITY-ST-ZIP

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Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Ana de Armas Hernandez* 04/29/01 305 4610709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #